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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNE	DOCKET NO.	CONFIRMATION NO.		
10/814,024			Gerald L. Dybsetter	15436.334.1 4965					
TITLE OF INVENTION: TWO-WIRE INTERFACE HAVING DYNAMICALLY ADJUSTABLE DATA FIELDS DEPENDING ON OPERATION CODE									
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	TAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300	<b>\$</b> 0	+	\$1700	11/01/2007		
EXAM	IINER `	ART UNIT	CLASS-SUBCLASS						
JAIN, RAJ K 2616		370-234000	4 4		<u> </u>				
1. Change of correspond CFR 1.363).		2. For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys     or agents OR, alternatively,							
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNED NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	ne)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Finisar Corporation			Sunnyvale, CA						
Please check the appropriate assignce category or categories (will not be printed on the patent): Individual									
4a. The following fee(s)	are submitted:		Payment of Fee(a): (Please first reapply any previously paid issue fee shown above)						
Issue Fee			A check is enclosed.						
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			<ul> <li>XI Payment by credit card.</li> <li>XI The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3178 (encluse an extra copy of this form).</li> </ul>						
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Authorized Signature Colloul Date October 2							· ·		
Typed or printed nam	ne <u>Eric L. Mas</u>		Registration N	lo. <u>36</u>	596				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									
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